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07/28/2004

WEI TE CHUNG FOXCONN INTERNATIONAL, INC. 1650 MEMOREX DRIVE SANTA CLARA, CA 95050



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Signature) (Date)

2

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNER DOCKET NO.	CONFIRMATION NO.	
10/796,935	03/09/2004	David Ko		X .	3283	
TITLE OF INVENTION: LOW PROFILE ELECTRICAL ASSEMBLY			10	10/26/2004 EABRAHA2 00000168 10796935		
				FC:1501 V FC:1504	1370.00 OP 300.00 OP	

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$\$\$00 \$±,370.	00 \$300	жжжх \$1,670.00	10/28/2004
EXA	MINER.	ART UNIT	CLASS-SUBCLASS]	
HAMMOND,	BRIGGITTE R	2833	439-680000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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- 2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HON HAI PRECISION IND. CO., LTD.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TAIPEI HSIEN, TAIWAN

Please check the appropriate assignee category or categories (will not b	e printed on the patent);	individual	🔀 corporation or other private group entity	☐ government	
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
Ş Issue Fee	A check in the amo	unt of the fee(s)	is enclosed.		
Publication Fee (No small entity discount permitted)	Payment by credit of	ard. Form PTO	-2038 is attached.		
☐ Advance Order - # of Copies	☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number(enclose an extra copy of this form).				
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